



Training Implementation Plan (TIP) Sample

Additional Help for ADS Chapter 253

New Reference: 01/28/2010
Responsible Office: EGAT/ED
File Name: 253sad_012810

Training Implementation Plan (TIP) Sample

TO: Field Office/Mission
FROM: Name of programmers
DATE: Date that TIP is executed
PAGES: Number of pages of TIP

TRAINING IMPLEMENTATION PLAN

Name of Program

1. **Training Subject:** Brief description of program, program objectives and what is expected of participants upon their return home as a result of the training.
2. **Program Date:** Dates of training intervention.
3. **Duration of Training:** Number of days of training
4. **Name(s) of Participant:** Names of all participants including gender and HAC ID number if available.
5. **Name of Training Provider:** Name of Training Provider and phone, fax, and address of primary contact.
6. **Name(s) and Contact information of training programmers:** Names of U.S. or Field Office staff in charge of program, including emergency contact information. Also include name of interpreter if one will be used.
7. **International Travel Information (if UST, or TCT):** A clear and detailed schedule of arrival and departure travel arrangements and responsibility for tickets (whether handled by field or D.C.) should be included. In the following sample format preferably:

DATE OF FLIGHT	Flight number	AIRLINE COMPANY	Flight (from-to)	DEPARTURE	ARRIVAL
12-Mar-2000	R# 151	Armenian Airlines	Yerevan-Amsterdam	08:10	10:00
12-Mar-2000	KL 6037	United	Amsterdam-Washington	11:35	14:30
01-Apr-2000	KL 6037	United	Washington-Amsterdam	17:05	7:45
02-Apr-2000	R3 152	Armenian Airlines	Amsterdam-Yerevan	12:50	20:20

8. **Luggage Information:** Information on luggage limitations and handling.
9. **Domestic Travel Information:** A **clear and detailed** schedule of arrival and departure travel arrangements should be included. In the above sample format for air travel. Bus or other transportation should also be clearly described here.
10. **Weather information:** Average temperatures of cities to be visited and clothing suggestions.
11. **Accommodations:** Briefly describe accommodations, list hotel name(s), address and phone number. Do **not** include cost here. Sample text:
 “Participants will be housed in double-occupancy rooms in Washington, D.C. and Baltimore, MD. In Chicago, they will stay with host families. Most of host families will speak Armenian.

HOTEL IN WASHINGTON, D.C.

Capital Suites.

New Hampshire Avenue
 Washington, D.C. 20009
 Phone: 202-234-3200
 Fax: 202-387-0085

Capital Suites hotel rooms include hair dryer, TV, microwave. Fitness Center available.

Hotel in Baltimore, MD

MARYLAND SUITES
 Howard Street
 Baltimore, MD 21201
 Phone: 410-999-9990
 Fax: 410-999-9992

Maryland suites hotel rooms have no coffee makers, hairdryers, or mini-bars. No pool or fitness center.”

12. **Allowance Information:** Include information on Advance Maintenance Allowance and a detailed schedule of daily meal and incidental allowance.
13. **Receipts:** Information on how participants are to handle receipts.
14. **Business Cards:** Remind participants to bring them.
15. **Income tax status (UST):** For example, “Based on information provided, training assumed to be job related.
16. **Confirmation of Med Certs (UST):** If HAC enrollment not processed yet, list a DEADLINE for Mission to confirm Med Certification. Also include any pertinent HAC information such as what do if participant becomes ill and deductibles.
17. **J-1 Visa requirements (for UST):** Reiterate J-1 visa requires that participants return home immediately following the training program.
18. **Training Program Outline:** A full description of the training program is a critical component of the TIP and must be included. The outline should go over in detail *every day* of the training including the times set for meetings, site visits, lectures, and cultural events. Methodologies used for each day of training, names of trainers and the training objectives and purposes of each day should also be included. Also to be indicated on the TIP are all accommodations that have been arranged for each particular day. If there is any other pertinent information that the participant

will need, such as the time for check in and check out of hotels, contractor interview times, transportation directions, and so forth, it should go in this section of the TIP.

- 19. Budget Worksheet (BWS):** On a **separate** page write out **all** confirmed costs of the program for approval by the USAID Mission. All participant expenses should be clearly indicated and not grouped together in totals. The budget sheet should be signed by the program manager. The following format should be used:

PARTICIPANT TRAINING BUDGET WORKSHEET

Program Title:

Country:

Training Provider:

Start/End Dates:

Number of weeks:

Prepared by (sign):

Reviewed by (sign):

Participants:

TOTAL	Unit Cost		#of Units	#of Pax	Total per pax
Education/Training Costs					
Clemson Research	\$900.00	1.0	1	\$900.00	\$900.00
Plans and Solutions	\$200.00	1.0	1	\$200.00	\$200.00
					Sub-total: \$1100.00
Allowances					
Lodging-Clemson, SC	\$35.00	3.0	1	\$105.00	\$105.00
Lodging-Washington, DC	\$60.00	3.0	1	\$180.00	\$180.00
M&IE - Clemson, SC	\$30.00	3.0	1	\$90.00	\$90.00
M&IE - Washington, DC	\$46.00	3.0	1	\$138.00	\$138.00
					Sub-Total: \$513.00
Travel					
International	\$1,800.00	1	1	\$1,800.00	\$1,800.00
Domestic	\$400.00	1	1	\$400.00	\$400.00
Ground	\$50.00	1	1	\$50.00	\$50.00
					Sub-Total: 2,250.00
Insurance					
HAC	\$42	2	1	\$84	\$84

TOTAL COST PER PARTICIPANT PER WEEK (EXCLUDING HAC AND TRAVEL)

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